

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-019969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2836

STATE FILE NUMBER

FILED JUN 3 1963

|  |  |  |                                       |
|--|--|--|---------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                           |                                       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>  |  | c. CITY OR TOWN <b>Kansas City</b>   |                                       |
| Length of stay in 1b<br><b>25 yrs.</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Saint Luke's Hospital</b>  |  | d. STREET ADDRESS (If outside, give location)<br><b>1206 W. 66th. St.</b>  |                                       |
| 3. NAME OF DECEASED<br>(Type or print) <b>Lenora Young Brookfield</b>  |  | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>16</b> Year <b>1963</b>  |                                       |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>white</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>10-20-1893</b> |
| 9. AGE (last birthday)<br><b>69</b>  |  | 10. IF UNDER 1 YEAR<br>Months Days Hours Min.  |                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>at home</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY  |                                       |
| 11. BIRTHPLACE (City and state or country)<br><b>Macedonia, Iowa</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>   |                                       |
| 13a. FATHER'S NAME<br><b>Thomas Young</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Laura Kaiser</b>   |                                       |
| 14. NAME OF HUSBAND OR WIFE<br><b>Arthur D. Brookfield</b>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |                                       |
| 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT<br>Address<br><b>Dutton Brookfield 1056 W. 56th.</b>   |                                       |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>cardiac failure</b><br>DUE TO (b) <b>Toxemia</b><br>DUE TO (c) <b>burns, deep third degree, neck trunk, upper extremities</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Mar. 25, 1963</b><br>d/a  |                                       |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                       |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>Come Contact with live electric wire</b>                          |                                       |
| 20c. TIME OF INJURY<br>Hour <b>3-25</b> Month, Day, Year <b>63</b><br>a.m. p.m.  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>               | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>yard of home</b>  |                                       |
| 20f. CITY, TOWN, OR LOCATION<br><b>Kansas City, Jackson, Mo.</b>   |  | COUNTY STATE.  |                                       |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____.<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.   |  |  |                                       |
| 22a. SIGNATURE<br><i>Hugh Owens</i> (Degree or title)  |  | 22b. ADDRESS<br><b>Kansas City, Mo.</b>  |                                       |
| 22c. DATE SIGNED<br><b>5-17-63</b>   |  | 22d. DATE  |                                       |
| 23a. NAME OF CEMETERY OR CREMATORY<br><b>Forest Hill</b>   |  | 23b. LOCATION (City, town, or county) (State)<br><b>Kansas City, Mo.</b>   |                                       |
| 23c. FUNERAL DIRECTOR<br><b>Stine &amp; Mc Clure</b> ADDRESS<br><b>Kansas City, Mo.</b>  |  | 23d. DATE RECD. BY LOCAL REG.<br><b>5-17-63</b>  |                                       |
| 23e. REGISTRAR'S SIGNATURE<br><i>Ruth Long</i>   |  | 23f. DATE  |                                       |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1

2 3858

3

4 1

5 2

6

7 1

8 1

9 97140

10 22

11 123

12 66-3

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_ Signed \_\_\_\_\_  
Signature of Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.